

Foster Family Home - Corrective Action Report

Provider ID: 1-120019

Home Name: Elmer Perez, CNA

94-284 A Loaa Street

Waipahu

HI 96797

Review ID: 1-120019-10

Reviewer: Maribel Nakamine

Begin Date: 12/20/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 1/20/20.

6.(d)(1)- see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- APS/CAN renewed on 8/16/19 and expired on 8/3/19 for CG#1. CG#2's APS/CAN expired on 1/4/19 and renewed on 1/8/19. HHM#1 and HHM#2's APS/CAN expired on 4/19/19. No renewal noted in home binder.

Foster Family Home

Information Confidentiality

[11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality and client privacy rights training done for HHM#1 and HHM#2.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7)- Tuberculosis clearance of CG#4 expired on 9/4/19.

41.(c)- No in-service annual training done for the past 12 months on CG#4.

Foster Family Home - Corrective Action Report

Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation for [REDACTED] for CG#1, CG#2, CG#3, and CG#4.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- No [REDACTED] installed in Client #1's bedroom. Per Service plan for Client #1 stated that CG#1 provides a [REDACTED] as client had a history of [REDACTED]. For Client #2- No [REDACTED] documented on RN CMA's monthly visit and Client Vital Signs Flowsheet and according to Service Plan a monthly and as needed checks are to be done.

54.(c)(5)- Medication discrepancies noted for Client #2. 2 medication bottles do not match Medication Administration Record, CMA list, and MD orders.

Naikel Nakawine, M
Compliance Manager

12/20/19
Date

[Signature]
Primary Care Giver

12/20/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Elmer Perez

CCFFH Address: 94-284 #a Loaa Street Waipahu, HI 96797

Rule Number	Corrective Action Plan	Date Corrected	Prevention Strategy
8.(a)(2)	CG#1 showed CTA compliance Mgr. the current APS/CAN for CG# 1, CG#2, HHM#1 and HHM#2, documents were placed in the home binder.	12/18/19	Home understand the background Checks requirements. Home will use Calendar on I-phone to input all due dates to prevent any future lapses.
16.(b)(5)	HHM #1 & HHM #2 was trained on confidentiality and signed the form, Home placed the form in the administrative binder.	12/21/19	In the future, all new caregivers and Household members will receive this training within 5 days of being added to the home.
41.(b)(7)	2019 TB clearance was obtained from the Caregiver #4, it was placed in the administrative binder.	12/21/19	Home will use a spreadsheet on the computer to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.
41.(c)	2019 In-service training was obtained from the Caregiver #4, it was placed into the home record.	12/21/19	Home will use a spreadsheet on the Laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.
43.(c)(3)	RN delegation was completed on [REDACTED] monitoring for CG#1, CG#2, CG#3 and CG#4, delegation form was filed in Client's chart..	12/30/19	Home will notify clients CMA that RN delegation needs to be performed upon clients admission and signed copies must be filed on the administrative binder. Home has developed a calendar in front of the personnel binder with all due dates.
54.(c)(2)	[REDACTED] was purchase and installed on clients bedroom.	12/30/19	Installed [REDACTED] to monitor his movements, provide appropriate interventions, set up schedule for regular walks, monitor and increase involvement in activities.
	[REDACTED] for Client #2 being Checked,monitored and recorded on	12/30/19	CMA's RN will check and document [REDACTED] every monthly

54.(c)(5)	Clients#2 binder by CMA's RN and CG#1. Medication discrepancy was corrected by clients MD, PCP, CG #1 and CMA on client #2 Medication Administration Record..	01/03/20	visit as per service plan and will placed in the home record. Caregiver #1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify MD's, PCP, Case Management Agency and Pharmacy if they are different.
-----------	--	----------	--

Primary Caregiver's Signature:

Print Name: Elmer A. PerezDate of Signature: January 12, 2020